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* If the difference in column 1 is less then zero, enter "0" in column 2						AL	OR	TOTAL		ļ	
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• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						FFE	J ''`	ADDIT. FEE			

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231